



# RESOURCE ASSESSMENT FOR MEDICAL ASSISTANCE TO THE AGED, BLIND AND DISABLED

State Form 46212 (R / 10-96) / FI 2061

County

- ☐ Independent Assessment  
☐ Medicaid Application filed

Assessment request by: \_\_\_\_\_ Date of request (month, day, year) \_\_\_\_\_

Case number \_\_\_\_\_ Date of application \_\_\_\_\_

Name of community spouse \_\_\_\_\_  
Address (number and street, city, state, ZIP code) \_\_\_\_\_  
\_\_\_\_\_

Name of institutionalized spouse \_\_\_\_\_  
Facility \_\_\_\_\_  
Admission date (month, day, year) \_\_\_\_\_

RESOURCE TYPE	POLICY OR ACCOUNT NUMBER	COMM. SPOUSE OWNED (✓)	INST. SPOUSE OWNED (✓)	OTHER JOINT OWNER(S)	MEANS OF DOCUMENTATION	COUNTABLE VALUE \$

Continue on reverse side if necessary.

Completed by: (Signature and title) \_\_\_\_\_  
Signature of Director, County Office of Family and Children \_\_\_\_\_  
Date (month, day, year) \_\_\_\_\_

<b>TOTAL COMBINED COUNTABLE RESOURCES</b>	
	<b>DIVIDE BY 2</b>
<b>SPOUSAL SHARE =</b>	

APPEAL INFORMATION ON REVERSE SIDE

**DISTRIBUTION:** Original - Institutionalized Spouse; Copy - Community Spouse; Copy - County Office of Family and Children

RESOURCE TYPE	POLICY OR ACCOUNT NUMBER	COMM. SPOUSE OWNED (✓)	INST. SPOUSE OWNED (✓)	OTHER JOINT OWNER(S)	MEANS OF DOCUMENTATION	COUNTABLE VALUE \$

<p align="center"><b>INFORMATION REGARDING YOUR RIGHT TO APPEAL AND HAVE A FAIR HEARING</b></p> <p>The institutionalized spouse, the community spouse, or a representative acting on behalf of either spouse can appeal the computation of the spousal share, and the determination of ownership and availability of resources <b>when a Medicaid application has been filed on behalf of the institutionalized spouse.</b></p> <p>An appeal can be filed by submitting a signed letter stating the exact issue being appealed to the County Office of Family and Children, or directly to the Indiana Family and Social Services at 402 West Washington Street, Room 392, Indianapolis, Indiana 46204. The letter must also contain the address and a telephone number where the person filing the appeal can be reached. If there is difficulty in preparing this letter the caseworker should be contacted to assist.</p> <p>A pamphlet which further explains the appeals and hearing process is available at the County Office of Family and Children upon request. When a Medicaid application is made, additional notification concerning appeal rights will be provided in the official written notification of Medicaid eligibility.</p> <p><b>REMEMBER, FEDERAL LAW DOES NOT ENTITLE YOU TO APPEAL AND HAVE A FAIR HEARING PRIOR TO THE MEDICAID APPLICATION.</b> <i>(Section 1924 (e) (2) of the Social Security Act)</i></p>
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